# HOT TUB

### Town of Brookfield

### Procedure for Obtaining a Building Permit

#### \*\*PLEASE READ CAREFULLY\*\*

Failure to comply with these requirements will delay the review of your application.

The Permit Application documents must be completed in ink or typed. The following is a list of the documents and information that must be submitted in order to process your application. The Land Use Office staff will ensure that the materials are distributed to each of the Land Use departments for review.

#### **Hot Tub Document Checklist**

- Tax Collector Sign-off
- Completed Pool/Hot Tub Application Zoning Approval Request
- Re-inspection fee acknowledgement
- Workers' Compensation affidavit
- Swimming Pool Agreement to Install and Maintain Safety Requirements for pools
- Letter of Authorization from property owner
- Limitation of Appeals on Certificates of Zoning Compliance Form
- Water Pollution Control Authority Review Sheet
- Contractor's license and proof of insurance
- Fees (includes Certificate of Zoning Compliance fee, Health Plan review fee, Building Permit fees, Certificate of Occupancy fee)
- Copy of Wetlands permit or Subdivision Wetlands permit if work is within 75' of a wetland or 100' of a body of water or 200' from the Still River, Candlewood Lake or Lake Lillinonah
- 2 copies of Site Plan with building setbacks and location of well and septic system clearly marked to scale.
- 2 Sets of Building Plans
- B-100 compliance for septic system

A schedule of building fees is available separately.

<b>Building Permit #</b>
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Activity #:

# TOWN OF BROOKFIELD DEPARTMENT APPROVAL CHECKLIST

Property UID#							
Property Address:							
Project Description:							
1			Phone # :				
	er of Record: Phone #:						
Subdivision Name:							
1	The applicant is responsible for obtaining all required signatures						
Department	Approved By:	Date	Comments/Stipulations				
1. Tax Collector							
2. Historic District 775-2538			.4				
3. Candlewood Shores 775-1172							
4. Public Works Dept.							
5. Inland Wetlands							
6. Zoning							
7. Health Department							
8. WPCA							
9. Fire Marshal			Read & Sign Review Sheet				
10. Building Dept.							
	FINAL	APPROVAL	S				
1. Historic District 775-2538							
2. Inland Wetlands							
3. Zoning Compliance Certificate							
4. Health Dept							
5. WPCA							
6. Fire Marshal Final Inspection							
** The Building Dept., will sch	edule a final inspection after	receipt of this con	npleted checklist and a request for a final inspection.				
7. Building Dept.** Final Inspection							
Rev. 4/10							

### TOWN OF BROOKFIELD



# Pool/Hot Tub Application Zoning Approval Request

· m·	Zonir	ng Ap	prov	al Re	ques	t			
APPLICATION DATE:	PROPERTY I.D. #								
Name Address	APPLIC :	ANT/AG			Name:		WNER C		
Addicas	•		-	_ ′	auuress.				
Contact Name					ct Name:				
Phone # Check all that apply:	: Pool (	,	Tub		Phone #				
Above Ground: ( )	,	` '		nd: ( ) Repair:		k ( ) Alteratio	Witho	ut Deck(	)
DIMENSIONS	Length	Width	Height	Deptn shallow	Deptn deep	Fence type	Fence hgt.	rence to pool	\$ Value
SITE DATA:									
Street Address: Subdivision Name:		<del>*** - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 </del>				Zoning E Subdivis			
Conservation Subdivis	ion:	YES[]N	10[]	Has a v				perty? YE	S[]NO[]
Acres:		Lot	Size: (Mult	ip <b>ly acres</b>	by 43,560	sq. ft) =	Square Fe	et:	
Coverage:				INSTRUC	CTIONS				
Item	Square	Feet		1. Enter	FIRST FLO	OOR squ	are footag	e from eit	her:
House	·			•	i) Buildin	g Plans			
Deck	<u> </u>		·	<b>.</b>	ii) Assess	or's Fiel	d Cards		
Porch				Enter the	First Floo	<u>or</u> square	footage o	<u>nly</u> for ea	ch item.
Garage	)								
Shed				2. Enter	square fo	otage for	r proposed	d pool or t	ub
Other				3. Add t	otal squar	e footage	•		
Proposed Pool/Tub									
Total square footage:				4. Divide square fe	Total Squeet to calc	ıare Foot ulate Tota	age by Lo	t Size in erage	
Total Lot Coverage:		A A A A A A A A A A A A A A A A A A A		5. Enter	all footage to proper	distance	es from a		
				6. Mark	setbacks o	n site pla	an		
Setbacks from:	Center of	Road	Rear Lot	Line	Left Side	Line	Right Side	e Line	
	and the control of th								
l represent that this information i ordinances, regulations, building subject to fines and penalties set	and health o	codes. I ag	ree that any	nd that all t informatio	the work has on that is det	been com ermined to	pleted in ac be false, or	cordance w misleading	ith will be
Signature:				Signatu	re:				Vicency Company
I certify that I am the desi	gnated ag	ent for t	his projed	ot;	ı	Property	y Owner		
Contractor Name:			License #:				Phone #:_		
Electrician Name:			License #:				Phone #:_		

\_\_ License #: \_

Phone #: \_

Plumber Name:

## Town of Brookfield Land Use Office 100 Pocono Rd. Brookfield, CT 06804

# **ATTENTION PERMIT HOLDER**

\*\*It is the responsibility of the permit holder or agent to call for inspections (minimum 24 hours in advance). The permit holder is responsible for all construction for that project. An oversight of code requirement(s) during plan review does not relieve you of your responsibility for compliance. During inspections, you may be required to make changes to insure that the current building & fire codes are satisfied.\*\*

Per Chapter 127 of the Brookfield Code of Ordinances:

Building Inspections which result in a failure will incur an additional \$25.00 fee for each reinspection.

All reinspection fees shall be due and payable prior to the issuance of a Certificate of Occupancy.

Per Chapter 242 of the Brookfield Code of Ordinances:

Site Stablization Inspections which result in a failure will incur an additional \$25.00 fee for each reinspection.

All reinspection fees shall be due and payable prior to bond release.

I acknowledge that per the Brookfield Code of Ordinances, I will be responsible for reinspection fees as outlined above. I also understand that it is my responsibility to call for inspections of the project.

Applicant/Agent signature	Date
	Marc

# STATE OF CONNECTICUT WORKERS' COMPENSATION COMMISSION

# Building Permit Affidavit for Property Owners or Sole Proprietors (Conn. Gen. Stat. § 31-286b)

Property located at
In the town of
Name of building permit applicant:
Please check one:
1 I am the owner of the above property.
2 I am the sole proprietor of a business.
2A. Name of business
2B. Federal Employer Identification Number (FEIN)
contractor or principal employer" may provide either a certificate of workers' compensation insurance or a "sworn notarized affidavit stating that he will require proof of workers' compensation insurance for all those employed on the job site in accordance with this chapte  Please check one:  1 I do not intend to act as a general contractor or principal employer.
Signature of applicant  2 I intend to act as a general contractor or principal employer. Applicant must eitl provide a certificate of workers' compensation insurance or sign the affidavit
Affidavit
I hereby swear and attest that I will require proof of workers' compensation insurance for every contractor, subcontractor, or other worker before he/she engages in work on the above property
I understand that pursuant to § 31-275 C.G.S., officers of a corporation and partners in a partnership may elect to be excluded from coverage by filing a waiver with the appropriate files his intent to accept coverage.
Signature of applicant
Subscribed and sworn to before me this day of, 200,
(Notary Public/ Commissioner of the Superior Court

# SWIMMING POOL AGREEMENT TO INSTALL AND MAINTAIN SAFETY REQUIREMENTS

OWNER OF POO	<u> </u>	
LOCATION OF PO	OOL:	
TYPE OF POOL:	ABOVE-GROUND	IN-GROUND
	HOT TUB	SPA
POOL TO BE CON	STRUCTED BY	
	*****	
As the owner of the Connecticut Building	above mentioned property Codes for swimming pool	I agree to comply with the 1999 safety devices as follows but not limited to:
<ul><li>Section AG105 –</li><li>The 2002 Nation</li></ul>	- 2003 IRC	to but not innited to.
DATE		
OWNER'S SIGNATU		

# **Letter of Authorization**

To the Town of Brookfie	eld:		
I hereby declare the fol	lowing:		
1) That I am the ow	ner of the premises des	cribed as follows:	;
Street Address	City	State	Zone
2) That I,general contractor.	OR	perty owner will a	act as
Thatbehalf of the owner to ehim/her to obtain perm		or building permi	ts to enable
3) That owner's representative respect to the work inve	with whom all town dep		
Date:			
Owner:			
Print Name	Signat	ure	

# HEALTH DEPARTMENT REQUIREMENTS

In accordance with the section 19-13-B100a of the Connecticut Public Health Code, Health Department approval is required for all Building Conversions/changes in use, Building Additions, Garages/Accessory Structures and Swimming Pools.

In order to help expedite the Health Department approval, please read the enclosed regulations and include the necessary information with your Building application.

If you have any questions, please contact the Health Department at 775-7315.

Thank you.

19-13-B100a. Building conversions/changes in use, building additions, garages/accessory structures, swimming pools, sewage disposal area preservation

## Building Conversions, Changes In Use, Additions

## 19-13-B100a. Building conversions/changes in use, building additions, garages/accessory structures, swimming pools, sewage disposal area preservation

- Definitions. As used in this section: (a)
  - "Accessory structure" means a permanent non-habitable structure which is not (1)served by a water supply and is used incidental to residential or non-residential buildings. Accessory structures include, but are not limited to, detached garages, open decks, tool and lawn equipment storage sheds, gazebos, and barns.
  - "Building conversion" means the act of winterizing a seasonal use building into (2)year round use by providing one or more of the following:
    - a positive heating supply to the converted area; or, (A)
    - a potable water supply which is protected from freezing; or, (B)
    - energy conservation in the form of insulation to protect from heat loss. (C)
  - (3) "Change in use" means any structural, mechanical or physical change to a building which allows the occupancy to increase; or the activities within the building to expand or alter such that, when the building is fully utilized, the design flow or required effective leaching area will increase.
  - "Code-complying area" means an area on a property where a subsurface (4) sewage disposal system can be installed which meets all requirements of Section 19-13-B103 of the Regulations of Connecticut State Agencies, and the Technical Standards except for the one hundred percent reserve leaching area referred to in Section VIII A of the Technical Standards.
  - "Design flow" means the anticipated daily discharge from a building as (5)determined in accordance with Sections IV and VIII F of the Technical Standards.
  - "Potential repair area" means an area on a property which could be utilized to (6)repair or replace an existing or failed septic system and includes areas on the property where exceptions to Section 19-13-B103 of the Regulations of Connecticut State Agencies could be granted by the local director of health or the Commissioner of Public Health but does not include areas beyond those necessary for a system repair and areas of exposed ledgerock.
  - "Technical Standards" means those standards established by the Commissioner (7) of Public Health in the most recent revision of the publication entitled "Technical Standards for Subsurface Sewage Disposal Systems" prepared pursuant to Section 19-13-B103d(d) of the Regulations of Connecticut State Agencies. These standards can be obtained from the Department of Public Health, 410 Capitol Avenue, MS #51SEW, P.O. Box 340308, Hartford, CT. 06134-0308, or by calling (860) 509-7296.
- (b) Building conversion, change in use. If public sewers are not available, no building or part thereof shall be altered so as to enable its continuous occupancy by performing any building conversion, nor shall there be a change in use unless the local director of health has determined that after the conversion or change in use, a code-complying area exists on the lot for installation of a subsurface sewage disposal system. The determination by the local director of health of whether a code-complying area exists on the property shall be based upon analysis of existing soil data. If soil data is not available, the property owner shall perform soil testing. The property owner or the owner's authorized agent shall submit design plans or a sketch to demonstrate how the property contains a codecomplying area that can accommodate a sewage disposal system. The local director of health may require expansion of the existing sewage disposal system or installation of a new sewage disposal system at the time of the change in use for those properties whenever the proposed change in use results in a more than 50% increase in the design

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- Building additions. If public sewers are not available, no addition to any building shall be (c) permitted unless the local director of health has determined that after the building addition a code-complying area exists on the lot for the installation of a subsurface sewage disposal system. Once a code-complying area is identified, portions of the property outside this designated area may be utilized for further development of the property. This determination by the local director of health shall be based upon analysis of existing soil data to determine if a code-complying area exists. If soil data is not available, the property owner shall perform soil testing. The property owner or the owner's authorized agent shall submit design plans or a sketch to demonstrate how the property contains a code-complying area that can accommodate a sewage disposal system. If the applicant submits soil test data, design plans or a sketch and is unable to demonstrate a code-complying area, the building addition shall be permitted, provided: (1)
  - The size of the replacement system shown on design plans or sketch provides a minimum of 50% of the required effective leaching area per the Technical Standards.
  - The replacement system shown on the plans or sketch provides a minimum of (2)50% of the required Minimum Leaching System Spread (MLSS) per the Technical Standards
  - The proposed design does not require an exception to Section 19-13-(3)B103d(a)(3) of the Regulations of Connecticut State Agencies, regarding separation distances to wells. (4)
  - The addition does not reduce the potential repair area, and
  - The building addition does not increase the design flow of the building. The local (5)director of health may require expansion of the existing sewage disposal system or installation of a new sewage disposal system at the time of building addition whenever the proposed addition results in a more than 50% increase in the design flow. The separation distance from an addition to any part of the existing sewage disposal system shall comply with Table 1 in Section II of the Technical Standards
- Attached or detached garages, accessory structures, below or above ground pools. If (d) public sewers are not available, no attached garage, detached garage, accessory structure, below or above ground pool shall be permitted unless the local director of health has determined that after construction of the attached garage, detached garage, accessory structure, below or above ground pool, a code-complying area exists on the lot for installation of a subsurface sewage disposal system. This determination by the local director of health shall be based upon analysis of existing soil data. If soil data is not available, the property owner shall perform soil testing. The property owner or the owner's authorized agent shall submit design plans or a sketch to demonstrate how the property contains a code-complying area that can accommodate a sewage disposal system. If the applicant submits soil test data, design plans or a sketch and is unable to demonstrate a code-complying area, the attached or detached garage, below or above ground pool, or accessory structure shall be permitted, provided the structure does not reduce the potential repair area. The separation distance from the attached or detached garage, below or above ground pool, or accessory structure to any part of the existing sewage disposal system shall comply with Table 1 in Section II of the Technical Standards (e)
- Sewage disposal area preservation. If public sewers are not available, no lot line shall be relocated or any other activity performed that affects soil characteristics or hydraulic conditions so as to reduce the potential repair area, unless the local director of health has determined that after the lot line relocation or disturbance of soils on the lot a codecomplying area exists for the installation of a subsurface sewage disposal system. This determination by the local director of health shall be based upon analysis of existing soil data. If soil data is not available, the property owner shall perform soil testing. The property owner or the owner's authorized agent shall submit design plans or a sketch to

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19-13-B100a. Building conversions/changes in use, building additions, garages/accessory structures, swimming pools, sewage disposal area preservation

demonstrate how the property contains a code-complying area that can accommodate a sewage disposal system. In no case shall a relocated lot line violate Subsection (d) of Section 19-13-B103(d) of the Regulations of Connecticut State Agencies that requires that each subsurface sewage disposal system shall be located on the same lot as the building served.

Decision by Director of Health. Any final decision of the local director of health made in (f) regard to this section shall be made in writing and sent to the applicant. Any decision adverse to the applicant or which limits the application shall set forth the facts and conclusions upon which the decision is based. Such written decision shall be deemed equivalent to an order, and may be appealed pursuant to Section 19a-229 of the Connecticut General Statutes.

(Effective August 3, 1998.)

#### TOWN OF BROOKFIELD

### LIMITATION OF APPEALS ON CERTIFICATES OF ZONING COMPLIANCE

### 1. Procedure:

1, 2,

The following procedure is in accordance with changes to §8-3 of the CT General Statutes effective 10/1/03:

Should an applicant wish to *limit the time period of any appeal* by any aggrieved party to the granting of a Certificate of Zoning Compliance to thirty (30) days from the date of a legal notice of the granting of such a certificate, the applicant may elect, at his discretion and expense, to provide legal notice in a newspaper with substantial circulation in the municipality.

I such notice is **not** provided, an appeal could be filed by any aggrieved part at any time subsequent to the issuance of the certificate.

### SAMPLE LEGAL NOTICE

40		1 1 7
A Certifi	icate of Zoning Compliance has been issued to	o me by the Town of Brookfield for
and build	dings located at	
Washington and American American	(street address)	
to be use	ed for the following purpose(s):	
	(state the "permitted use" and brief	description of activity)
	ry aggrieved by this action may file an appeal	with the Brookfield Zoning Board of
/ ippouts	pursuant to §8-7 of the CT. General Statutes.	
Signed:		Certificate Holder.
Signed:		Certificate Holder.
Signed:		Certificate Holder.
Signed:	nt's Intent:	provide a copy of such notice to the

## BROOKFIELD WATER POLLUTION CONTROL AUTHORITY

100 Pocono Road, Brookfield, CT 06804 (203) 775-7319 Fax (203) 775-2614

[ ] CHANGE OF OCCUPANCY [	J TENANT FIT-UP	[ ] ADDITION/RENOVATION
IS PROPERTY CONNECTED TO SEWER	?	
[ ] YES [ ] NO (NO ACTION REQUIRED) [ ] UNSURE (CHECK WITH W.P.C.A. (	OFFICE)	
LOCATION OF PROPOSED BUSINESS/	RENOVATION	
		UNIT #
TYPE OF OPERATION:		
[ ] FOOD PREPARATION [ ] FOOD SALES [ ] HAIR CARE [ ] PHOTOGRAPHY [ ] VEHICLE REPAIR [ ] HAZARDOUS CHEMICALS [ ] MANUFACTURING [ ] OTHER (PLEASE LIST)		
ESTIMATED WATER USE PER DAY IN O	GALLONS	
NUMBER OF EMPLOYEES, FULL TIME		PART TIME
HOURS OF OPERATION	TO	# OF DAYS PER WEEK
PREVIOUS TENANT OR BUSINESS		
PRINTED NAME OF PROPERTY OWNE	R	
PROPERTY OWNER'S SIGNATURE		DATE
CONTACT NAME		PHONE #
W.P.C.A. SIGN OFF: [ ] APPI	ROVED [ ] DEN	IED [ ] OTHER
COMMENTS		
W.P.C.A. SIGNATURE		DATE
Contacted by:	Date:	via:
•		via: via:
CUITERCE NT.	W-44.4	* * * * *

Effective 3/15/06

§242-301C

Add as follows:

### Digital Map Submission

Prior to issuance of a final Certificate of Zoning Compliance, any "asbuilt" survey must be submitted in both paper & electronic format for all buildings constructed pursuant to a Design Review, Design Review Approval Modification involving building footprint changes, lot line changes, residential new construction or alterations with footprint changes within 10% of the minimum setbacks, and any activity permitted as a result of a variance granted by the Zoning Board of Appeals. The electronic format shall be for purposes of updating the Town's Geographic Information System (GIS) and shall meet the following criteria:

Take

1. Drawings shall be on a compact disk (CD).

2. Electronics shall be in a format as prescribed by Town's GIS coordinator.

A certification letter stating that the electronic drawing is a copy of the survey map that was presented to the Zoning Enforcement Officer shall accompany electronic drawings. A land surveyor licensed by the State of Connecticut shall certify the letter.

ie:

